



## Nova Children's Project CIC

# Safeguarding Children, Young People and Adults at Risk Policy and Procedure

January 2024

## 1. Introduction

Nova Children's Project CIC provides short breaks for children and young people (CYP), and adults, aged 8-25 who have moderate to severe learning disabilities with associated behaviours that challenge and/or complex health needs. Nova Children's Project CIC is committed to the safeguarding of the people we support and recognises the vital role the organisation can play in promoting their welfare.

As a provider of services to adults and children with learning disabilities, we recognise that the people we support are vulnerable to abuse and we have a responsibility to do everything we can to protect them from harm and to act on concerns where they come to our attention.

This policy lays out a framework to support staff in their roles and clarifies the organisation's expectations. It has been drawn up on the basis of law and guidance that seeks to protect children at risk, in particular:

- Children's Act 1989 <https://www.legislation.gov.uk/ukpga/1989/41/contents>
- Children Act 2004 <https://www.legislation.gov.uk/ukpga/2004/31/contents>
- The Care Act 2014
- Working Together to Safeguard Children 2023
- Mental Capacity Act 2005
- UN Convention on the Rights of the Child 1991
- Sexual Offences Act 2003
- Human Rights Act 1998
- Counter Terrorism and Security Act 2015

This policy is also designed to support multi-agency working co-ordinated through the Kent Safeguarding Children's Multi-Agency Partnership (KSCMP) ([https://www.kscmp.org.uk/.](https://www.kscmp.org.uk/))

For the purpose of this policy, the following terms and definitions apply:

- **Children and adults at risk:** a 'child' is a person under the age of 18, as defined in the United Nations convention on the rights of a child. An 'adult at risk' is defined as a person aged 18 years or over who needs community care services because of mental or other disability, age or illness and who is, or may be, unable to take care of her/himself or protect her/himself from significant harm or from being exploited.
- **Nova Children's Project CIC staff:** any employees, sessional 'As and When' workers and volunteers, unless otherwise specified.
- **Parent/carer:** birth parents, adoptive parents, foster carers, special guardians and other adults who are in a parenting role.

## 2. Safeguarding overview

Safeguarding children, young people and adults at risk is everyone's responsibility. In line with Safeguarding Children (HM Government 2018) and The Care Act (2014), Nova Children's Project CIC defines safeguarding as:

- Protecting children, young people and adults at risk from maltreatment
- Preventing the impairment of the health or development of children, young people and adults at risk

- Ensuring that children, young people and adults at risk are growing up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children, young people and adults at risk to have the best life chances.

All staff must understand their responsibilities for the protection of children, young people and adults at risk: the presence of a disability *must not* be allowed to obstruct the process of identifying and responding appropriately to child protection concerns.

The policy applies to all individuals, including those who have been assessed as lacking capacity. Actions taken on behalf of these people should be done so in their best interest, in accordance with the Mental Capacity Act (2005).

As per the protected characteristics outlined in the Equality Act 2010, all children and adults, regardless of age, sex, disability, gender reassignment, race, language, sexual orientation, religion or belief, sexual orientation, marriage and civil partnership, pregnancy and maternity, have equal rights to protection.

### 3. Expectations of staff

It is the responsibility of all staff to act if there is a cause for concern about a child or adult at risk, or the behaviour of an adult towards a child or adult at risk. However, it is not their responsibility to determine if abuse has occurred or what action is required to protect the individual at risk.

All staff will:

- Be familiar with this safeguarding policy.
- Be subject to safer recruitment processes and checks, whether they are new staff, returning staff or volunteers.
- Be involved, where appropriate, in support plans as detailed in children and young people's care plans and individual risk assessments.
- Be alert to signs and indicators of possible abuse.
- Treat all children and adults at risk equally, respectfully, with warmth and empathy and listen to their wishes and feelings.
- Encourage a non-discriminatory environment.
- Ensure the relationship with a child or adult at risk (including their family) remains professional at all times. The relationship should not develop into friendship or intimate relationship.
- Record concerns and give the record to the Designated Safeguarding lead
- Deal with a disclosure of abuse in line with the guidance in this document.

Staff must not:

- Maintain confidentiality about sensitive information to safeguard a child or adult at risk.
- Work under the influence of alcohol or drugs.
- Smoke, vape or drink alcohol in front of children or adult at risk.
- Photograph or video children or adults at risk where no prior consent has been sought.

- Show any audio and/or visual material (CDs, DVDs, videos, photos, films, computer games) that have inappropriate content.
- Contact a child or adult at risk through any form of social media.
- Give their personal email address to a child or adult at risk.
- Respond to a child or adult at risk who has sought them out on social media.
- Conduct a sexual relationship with a child or adult at risk. This would constitute a breach of a position of trust, for those regulated settings under the Sexual Offence Act 2003.

Nova Children's Project CIC uses the Kent Safeguarding Children's Multi-Agency Partnership (KSCMP) to keep up to date with best practice and changes in local legislation and procedures; <https://www.kscmp.org.uk/>. All staff will receive safeguarding training at intervals of not more than two years. Key staff will undertake more specialist child protection training as agreed by Nova Children's Project CIC Directors. The KSCMP online resources, such as E-learning, are used to induct new staff and volunteers and to inform Nova Children's Project CIC's own training schemes.

#### 4. Designated Safeguarding Lead

Nova Children's Project CIC has nominated key individuals to lead on safeguarding within the organisation. The Designated Safeguarding Lead (DSL) acts as a first point of contact within the organisation and externally in relation to safeguarding issues. They have lead responsibility and management oversight and accountability for day-to-day child protection and, with the Deputy Safeguarding Lead, will be responsible for coordinating all child protection activity.

Alongside the Deputy Safeguarding Lead (DDSL), the DSL ensures that all staff access appropriate safeguarding training and relevant updates. The nominated individuals are:

- Designated Safeguarding Lead: **Natalie Lower** (Project Manager and Director)
  - Mobile Number: 07757 719 893
  - Email: [natalie@novachildrensproject.co.uk](mailto:natalie@novachildrensproject.co.uk)
- Deputy Safeguarding Lead: **Fran Leach** (Relief Deputy Project Manager and Director)
  - Email: [fran@novachildrensproject.co.uk](mailto:fran@novachildrensproject.co.uk)

Child protection information will be dealt with in a confidential manner. Staff will be informed of relevant details only when the Designated Safeguarding Lead feels their having knowledge of a situation will improve their ability to work with an individual child and/or family. A written record will be made of what information has been shared with whom and when.

Child protection records will be stored securely in a central place. Individual files will be kept for each child. Files will be kept for at least the period during which the child is accessing Nova Children's Project CIC services and beyond that in line with current data legislation and guidance. Access to these records by staff other than the Designated Safeguarding Lead and Deputy Safeguarding Lead will be restricted and written record will be kept of who has access to them and when.

The Designated Safeguarding Lead and the Deputy Safeguarding Lead attend appropriate training for their role every two years.

## 5. Local support and key contact information

- Kent Police
  - Telephone: 101 (or **999** if there is an immediate risk of harm)
- Children's Social Work Services
  - Central Duty Team During Office Hours (Monday to Friday, 8am to 6pm)  
Telephone: 03000 41 11 11
  - Out of Hours Telephone Number: 03000 41 91 91
- LADO
  - Telephone: 03000 41 08 88
  - Email: [kentchildrenslado@kent.gov.uk](mailto:kentchildrenslado@kent.gov.uk)
- Kent Safeguarding Children's Multi-Agency Partnership (KSCMP)
  - Telephone: 03000 42 11 26
  - Email: [kscmp@kent.gov.uk](mailto:kscmp@kent.gov.uk)
- Early Help and Preventative Services
  - Telephone: 03000 41 92 22
  - Email: [earlyhelp@kent.gov.uk](mailto:earlyhelp@kent.gov.uk)
- NSPCC
  - Telephone helpline for advice on child protection matters for professionals and adults: 0808 800 50000
  - Childline
  - 24-hour helpline for children and young people: 800 1111
  - Whistle blowing advice line: 0800 028 0285
  - Disclosure and Barring Service: 03000 200 190
  - Local Authority Adult's Social Care: <https://www.gov.uk/report-abuse-of-older-person>

## 6. Recognising the signs and symptoms of abuse

Whilst children, young people and adults at risk with a disability, experience the same types of abuse as others, they can be more vulnerable. The following is a description of some types of abuse and key indicators. This list is not exhaustive.

### 6.1 Physical abuse

Physical abuse is defined as deliberately hurting a child or adult at risk and causing physical harm. It includes injuries such as bruises, broken bones, burns and cuts. It may involve hitting, kicking, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or any other method of causing non-accidental harm to a child. Physical harm may also be caused when a parent/carer fabricates the symptoms of, or deliberately induces, illness in a child. This is known as Fabricated or Induced Illness (FII).

Signs that may indicate physical abuse:

- Bruises: commonly on the head but also on the ear, neck or soft areas (abdomen, back and buttocks); defensive wounds commonly on the forearm,

upper arm, back of the legs, hands or feet; clusters of bruises on the upper arm, outside of the thigh or on the body; bruises with dots of blood under the skin; a bruised scalp and swollen eyes from hair being pulled violently; and bruises in the shape of a hand or object.

- Burns or scalds: can be from hot liquids, hot objects, flames, chemicals, or electricity. These may be on the hands, back, shoulder or buttocks. Scalds, in particular, may be on lower limbs, both arms and/or both legs. There may be multiple burns or scalds and may be a clear edge to the burn or scald, sometimes in the shape of an implement, for example, a circular cigarette burn.
- Bite marks: usually oval or circular in shape and visible wounds, indentations or bruising from individual teeth.
- Fractures or broken bones: multiple fractures or breaks at different stages of healing.
- Behavioural changes: fear of specific individuals; flinching when approached or touched; reluctance to get changed in front of others or wearing long sleeves or trousers in hot weather; depression or withdrawn behaviour.

## 6.2 Emotional/psychological abuse

Emotional abuse is emotional maltreatment of a child or adult at risk, which has a severe and persistent negative effect on the person's emotional development. It is also known as psychological abuse.

Most forms of abuse include an emotional element, but emotional abuse can also happen on its own. There are several categories of emotional abuse:

- **Emotional neglect:** denying emotional responsiveness, including ignoring them and not showing affection.
- **Rejection:** verbal humiliation, name-calling, criticism, physical abandonment, excluding them from activities.
- **Isolation:** putting unreasonable limitations on their freedom of movement, restricting social interaction and not communicating with them.
- **Exploitation or corruption:** encouraging them to take part in criminal activities, forcing them to take part in activities that are not appropriate for their stage of development.
- **Terrorising:** threatening violence, bullying, deliberately frightening them or deliberately putting them in a dangerous situation.

Signs that may indicate emotional abuse:

- Overreaction to mistakes
- Lack of self-confidence/esteem
- Sudden speech disorder
- Self-harming
- Eating disorder
- Extremes of passivity and/or aggression
- Compulsive stealing
- Drug, alcohol, solvent abuse
- Fear of parents being contacted
- Unwillingness or inability to play

- Excessive need for approval, attention and affection

### 6.3 Sexual abuse

Sexual abuse is when a child, young person or adult at risk is forced or persuaded to take part in sexual activities. This may involve physical contact or non-contact activities and can happen online or offline. Children and adults at risk may not always understand that they are being sexually abused.

Contact abuse involves activities when an abuser makes physical contact with a child or adult at risk. It includes: sexual touching of any part of the body, whether they are wearing clothes or not; forcing or encouraging them to take part in sexual activity; making them take their clothes off or touch someone else's genitals; rape or penetration by putting an object or body part inside their mouth, vagina or anus.

Non-contact abuse involves activities where there is no physical contact. It includes: flashing at them; encouraging or forcing them to watch or hear sexual acts; not taking proper measures to prevent them being exposed to sexual activities by others; making them masturbate while others watch; persuading them to make, view or distribute child abuse images (such as performing sexual acts over the internet, sexting or showing pornography to a child); making, viewing or distributing child abuse images; allowing someone else to make, view or distribute child abuse images and meeting a child following grooming with intent of abusing them (even if abuse did not take place).

Signs that may indicate sexual abuse:

- Sudden changes in behaviour
- Displays of affection that are sexual and age-inappropriate
- Self-harm, self-mutilation or attempts at suicide
- Alluding to secrets which they cannot reveal
- Tendency to cling or need constant reassurance
- Regression to younger behaviour for example thumb sucking, playing with discarded toys, acting like a baby
- Distrust of familiar adults e.g. anxiety of being left with relatives, a childminder
- Unexplained gifts or money
- Depression and withdrawal
- Fear of undressing for PE
- Sexually transmitted disease
- Fire setting
- Physical indicators such as bruising, bleeding, discharge and pain or soreness in the genital or anal area.

### 5.4 Neglect

Neglect is the persistent failure to meet a child or adult at risk's basic physical and/or psychological needs. The four main types of neglect are:

- **Physical neglect:** not meeting their basic needs, such as food, clothing or shelter; not supervising a child adequately or providing for their safety.
- **Educational neglect:** not making sure they receive an education.

- **Emotional neglect:** not meeting their need for nurture and stimulation, for example by ignoring them, humiliating, intimidating or isolating them.
- **Medical neglect:** not providing appropriate health care (including dental care), refusing care or ignoring medical recommendations.

Signs that may indicate neglect:

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Frequent lateness or non-attendance
- Untreated medical problems
- Poor relationships with peers
- Compulsive stealing and scavenging
- Rocking, hair twisting and thumb sucking
- Running away
- Loss of weight or being constantly underweight
- Low self esteem
- Clothing that hasn't been washed and/or is inadequate (for example, not having a winter coat)
- Signs of self-harm
- Changes in eating habits

### 5.5 Child Sexual Exploitation (CSE)

Child Sexual Exploitation (CSE) is a type of sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (Department for Education, 2019).

Children, young people and adults at risk in sexually exploitative situations and relationships are persuaded or forced to perform sexual activities or have sexual activities performed on them in return for gifts, drugs, money or affection.

CSE can take place in person, online, or using a combination of both. When a child or young person is sexually exploited online, they may be persuaded or forced to send or post sexually explicit images of themselves; film or stream sexual activities and have sexual conversations. Once an abuser has images, videos or copies of conversations, they might use threats and blackmail to force a young person to take part in other sexual activity. They may also share the images and videos with others or circulate them online. Images or videos may continue to be shared long after the abuse has stopped.

Perpetrators of CSE use a power imbalance to exploit children and young people. This may arise from a range of factors, including: age, gender, sexual identity, cognitive ability, physical strength, status and access to economic or other resources.

Sexual exploitation is a hidden crime. Young people have often been groomed into trusting their abuser and may not understand they are being abused. They may depend on their abuser and be too scared to tell anyone what is happening because they don't want to get them in trouble or risk losing them. They may be tricked into believing they



are in a loving, consensual relationship. Some children, young people and adults at risk are trafficked into or around the UK for sexual exploitation.

Some children and young people may be at an increased risk of CSE, e.g. those who may be care givers, have a mental health condition or are homeless. Indicators may include:

- Missing from home for periods of time
- Regularly missing school/education
- Appearing with unexplained gifts
- Associating with other young people involved in CSE
- Having older boyfriends/girlfriends

Signs of sexual exploitation can include:

- Displaying inappropriate sexualised behaviour for their age
- Being frightened of some people, places or situations
- Being secretive
- Sharp changes in mood or character
- Having money or things they cannot or will not explain
- Physical signs of abuse, like bruises or bleeding, in their genital or anal area
- Alcohol or drug misuse
- Sexually transmitted infections
- Pregnancy
- Having an older boyfriend or girlfriend
- Involvement in a gang

### 5.6 Criminal exploitation and county lines

County lines is a form of criminal exploitation where urban gangs persuade, coerce or force children and young people to store drugs and money and/or transport them to suburban areas, market towns and coastal towns (Home Office, 2018). It can happen in any part of the UK and is against the law and a form of child abuse.

Children, young people and adults at risk may be criminally exploited in multiple ways. Other forms of criminal exploitation include child sexual exploitation, trafficking, gang and knife crime.

County lines gangs are highly organised criminal networks that use sophisticated, frequently evolving techniques to groom young people and evade capture by the police.

Perpetrators use children, young people and adults at risk to maximise profits and distance themselves from the criminal act of physically dealing drugs (National Crime agency, 2018). Young people do the majority of the work and take the most risk.

Dedicated mobile phone lines or 'deal lines' are used to help facilitate county lines drug deals. Phones are usually cheap, disposable and old-fashioned, because they are changed frequently to avoid detection by the police. Gangs use the phones to receive orders and contact young people to instruct them where to deliver drugs. This may be to a local dealer or drug user, or a dealer or drug user in another county.

Signs that may indicate involvement in criminal exploitation:

- Frequently going missing from school, home or care
- Travelling to locations, or being found in areas they have no obvious connections with, including seaside or market towns
- Acquiring money, clothes, accessories or mobile phones which they seem unable to account for
- Having multiple mobile phone handsets or sim cards
- Withdrawing or having sudden changes in personality, behaviour or the language they use
- Carrying weapons
- Associating with or being interested in gang culture.

For more specific advice please see Home Office guidance [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/626770/6\\_3505\\_HO\\_Child\\_exploitation\\_FINAL\\_web\\_2\\_.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/626770/6_3505_HO_Child_exploitation_FINAL_web_2_.pdf)

### 5.7 Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is the partial or total removal of the external female genitalia for non-medical reasons. It is also known as 'female circumcision' or 'cutting'. FGM is often performed by someone with no medical training who uses instruments such as a knife, scalpel, scissors, glass or razor blade. Individuals are rarely given anaesthetic or antiseptic treatment and often forcibly restrained during the procedure.

The age of which FGM is carried out varies, including when a female baby is newborn, during childhood or adolescence, just before marriage and during pregnancy. FGM is illegal in England and Wales under the Female Genital Mutilation Act 2003. It can be extremely dangerous and can cause severe pain, shock, bleeding, infections, organ damage, blood loss and death in some cases.

Signs that an individual may be at risk of FGM include:

- A relative or 'cutter' visiting from abroad
- A special occasion or ceremony to 'become a woman' or prepare for marriage
- A female relative being cut, e.g. a sister, cousin, or an older female relative such as a mother or aunt
- A family arranging a long holiday or visit to family overseas during the summer holiday
- Difficulty walking, standing or sitting
- Appearing withdrawn, anxious or depressed
- Spending longer in the bathroom

### 5.8 Radicalisation

Children, young people and adults at risk can be exposed to different views and receive information from various sources. Some of these views may be considered radical or extreme. Radicalisation is the process through which a person comes to support or be involved in extremist ideologies. It can result in a person becoming drawn into terrorism and is, in itself, a form of harm.

Extremism is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

All organisations that work with children, young people and adults at risk have a responsibility to protect those they support from harm. This includes becoming radicalised and/or being exposed to extreme views.

There is no single way to identify an individual who is likely to be susceptible to an extremist ideology. However, there are several factors that have been identified that may increase the risk of radicalisation for some vulnerable people:

- Distance from cultural heritage
- Experience of migration
- Experience of racism and discrimination
- Family members or friends associated with extremist groups
- Family tensions
- Sense of isolation and feelings of failure

The use of social media has become a significant feature in the radicalisation of young people.

Indicators of radicalisation may include:

- Spending increasing amounts of time talking to people with extreme views (online and offline)
- Changing their style of dress or personal appearance
- Losing interest in friends and activities that are not associated with the extremist ideology, group or cause.
- Trying to recruit others to join the cause.

### 5.9 Child trafficking

Child trafficking is child abuse. It is defined as recruiting, moving, receiving and harbouring children for the purpose of exploitation. Child trafficking is a form of modern slavery. Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another.

Children are trafficked for: child sexual exploitation; criminal activity, including street crime, moving drugs, benefit fraud and immigration fraud; forced marriage; domestic service include cleaning, childcare and cooking; forced labour including working in restaurants, factories and agriculture and illegal adoption.

Signs that may indicate a child has been trafficked or is at risk of being trafficked:

- Having to do excessive housework chores
- Rarely leaving the house and having limited freedom of movement
- Not having any documents
- Not being registered with a school or GP practice
- Having a history with missing links and unexplained moves
- Being cared for by adults who are not their parents or carers

### 5.10 Children, young people and adults with a disability

Children, young people and adults at risk who have disabilities or additional needs can be more vulnerable to abuse. Factors that may increase the vulnerability to abuse include:

- Dependency on parents and other carers for practical assistance in daily living, including intimate personal care
- Impaired capacity to resist or avoid abuse
- A limited number of contacts outside the home and an increased risk of social isolation
- Multiple carers and different settings
- Limited access to a person to whom the child/young person could disclose abuse
- Less likely to receive sex education or information about their own bodies or may be unable to distinguish between types of touch
- Need to be assisted with movement
- Speech, language and communication needs which make it difficult to tell others what is happening
- The vulnerability of children, young people and adults with disabilities may be increased by attitudes in their community, such as:
  - Reluctance to acknowledge that individuals with disabilities are abused;
  - Acceptance of practices that would be recognised as abusive for a non-disabled individual, e.g. tying the them up or locking them in a room, removal of batteries from their wheelchair to restrict mobility, not feeding them enough (to keep a person light for lifting), unwillingness to try to learn their means of communication.
  - An assumption that behaviour is an integral part of the their disability rather than a response to pain, abusive treatment and/or a negative reaction to medications.
  - Belief that sexual abuse of individuals with disabilities is not as harmful as abuse of other children or young people.
  - Reluctance to challenge parents or other carers.

## 6. Safeguarding principles and procedures when a child, young person or adult is at risk of harm

### 6.1 Identifying and reporting concerns

Nova Children's Project CIC staff have a duty to be vigilant in watching out for signs of abuse and to act on any concerns.

Concerns may arise as a result of:

- A child, young person or adult at risk making a disclosure to someone at Nova Children's Project CIC
- Signs and indicators of abuse being recognised or identified
- Someone reports a concern face-to-face or by means of other communication
- The behaviour of an adult towards a child, young person or adult at risk gives cause for concern

#### 6.1.1 Where a member of Nova Children's Project CIC staff has a concern, s/he must:

- Listen to the individual, offer reassurance, and give assurance.
- Not promise confidentiality. You must inform them that you cannot keep this information a secret as you are concerned that they are being harmed or at risk of being harmed. Reassure them that information will only be shared with those who need to know.
- It is not your role to investigate; you need to listen, reassure and report. You must not ask leading questions or examine them. However, it is okay to ask open questions ('tell me', 'explain', 'describe'), such as "Is there anything else you want to tell me?" Do not ask 'why' questions as these can suggest guilt or responsibility. If possible, write down word-for-word what has been disclosed. Do not make judgements on what you think may have been said or happened. It is the role of the local authority/local child protection agency and/or the police to investigate.

Sometimes a child, young person or adult at risk will make a direct disclosure about their experience of abuse. The following guidelines should be followed when responding to this situation:

#### **DO:**

- Be accessible and receptive
- Listen carefully
- Take it seriously
- Reassure him/her that he/she was right to tell
- Explain what will happen next

#### **DO NOT:**

- React strongly, for instance saying, "that's terrible"
- Jump to conclusions, especially about the abuser
- Tell him/her you will keep this a secret
- Ask leading questions
- Make promises you cannot keep
- Stop him/her from speaking freely
- Tell him/her to stop talking so that you can locate the Designated Safeguarding Lead

**In an emergency when a child, young person or adult at risk has been seriously hurt or is in imminent danger of being harmed, staff must:**



If you identify a safeguarding concern that is not immediately life threatening or does not pose a risk of imminent serious harm, you must follow the steps below:

#### **STEP ONE**

Consult immediately with the DSL (or DDSL if DSL is not available) and always by the end of the same day.

#### **STEP TWO**

The DSL will determine what action is needed (e.g. no action, a referral to social care, sharing of intelligence in the case of County Lines or making a report to the police). The DSL is responsible for recording decisions and actions on the young person's file under the category of 'safeguarding.' The DSL must consider if parents/carers should be notified before statutory agencies. If the young person is an adult, the DSL<sup>1</sup> needs to consider obtaining consent from the adult at risk (see section 18 for information sharing and confidentiality which provides a guide for who to share what with). The DSL may consult with the DDSL, one of the statutory services or the NSPCC helpline if they are unsure how to proceed with the concern or any aspects of information sharing.

#### **STEP THREE**

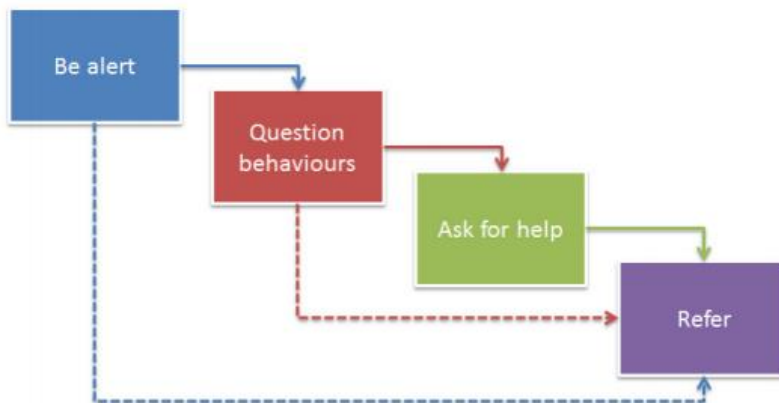
Any referrals to statutory services will be made by the DSL, supported where necessary by the DDSL.

#### **STEP FOUR**

Any referrals to statutory services must be following up in writing by the DSL within two days, using the Local Authority's referral form (Kent Inter-Agency Referral (IAR) form). Feedback must be sought be received/sought by the DSL within three working days of having made the referral to check what action is being taken. It is the responsibility of the DSL to follow up the referral and record on the young person's record and on the

central safeguarding log. Nova Children’s project CIC will support the lead agency in its work and attend any multi-agency meetings as required.

The following flowchart sets out the basic stages leading to a referral. In some cases, such as when a child, young person or adult at risk is in immediate danger or is at risk of harm it may be necessary to miss out stages and go straight to a referral to Social Care – Central Duty Team or to the police.



### 6.1.3 If you receive a telephone call disclosure from a child, young person or adult at risk

Take down as many details as possible, including:

- name
- age/date of birth
- contact details (e.g. mobile number or email address)
- a brief outline of their disclosure
- current location
- whether they are at immediate risk of harm.

If the individual is not at risk of immediate harm, tell them that you will be passing on their details to the Project Manager (DSL), who will return their call as soon as possible and be able to support them with the next steps. You can also give them the details of local authority support or information services and the number for Childline (0800 1111) or NSPCC (020 7825 2505). Once the telephone call has ended you must contact the Project Manager or, if unavailable, the Deputy Project Manager to report the disclosure so that a response can be actioned to the appropriate services or agency.

If you have identified that they are at risk of immediate harm, then you must advise them to call the police. You must then contact the police to check that they have phoned them. If the individual disagrees or is unable to call the police, then you have a duty to contact the emergency services on their behalf and pass on all information that you have.

## 7. Responding to concerns about Child Sexual Exploitation (CSE)

If staff suspect, or become aware of, a child/young person who may be at risk of CSE, and there is a risk of immediate and serious harm, staff must follow our emergency safeguarding procedures set out above.

If no immediate harm is present, staff must report to the DSL on the same day. The DSL will follow the non-emergency safeguarding procedure, including a referral to the appropriate services, such as Specialist Children's Services (guidelines can be found at <https://www.kscb.org.uk/guidance/sexual-abuse-and-exploitation>).

## 8. Responding to concerns about radicalisation

Staff at Nova Children's Project CIC recognise that children, young people and adults at risk being exposed to radicalisation and extremism is no different to safeguarding against any other vulnerability and should be approached in the same way as protecting them from other risks. All staff will report concerns regarding radicalisation and extremism to the DSL who will follow local and national guidance. Further guidance about duties relating to the risk of radicalisation is available in the Advice for School on [The Prevent Duty](#).

The Prevent Strategy forms part of the UK's Counter Terrorism and Security Act (2015). Its key objective is to challenge the ideology that supports terrorism and those who promote it, therefore preventing people from being drawn into terrorism and work being undertaken with 'specified authorities' where there may be risks of radicalisation.

Radicalisation is defined by the UK Government within this context as "the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups." Channel is a multi-agency programme which provides a mechanism at an early stage for assessing and supporting people who may be targeted/ radicalised by violent extremists. [Channel guidance - GOV.UK \(www.gov.uk\)](#)

### 8.1 Reporting concerns for no immediate threat

If you are concerned about an individual and there is no immediate threat, then contact:

- Kent County Council on 03000 41 41 41
- The Police on 101 or 0800 789 321
- Or follow the link to an online form (<https://www.met.police.uk/tell-us-about/possible-terrorist-activity/report-possible-terrorist-activity/>)

### 8.2 Reporting an immediate threat

If you see anyone acting suspiciously or suspicious packages/vehicles that could be an immediate threat, then move yourself to safe area and notify the police on 999.

### 8.3 Information online

If you have found material online that could be considered illegal or harmful (including text, photos or videos) you can report them online anonymously, using the following link: <https://www.gov.uk/report-terrorism>.



## 9. Responding to concerns about Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is a criminal offence. It is child abuse and a form of violence against women and girls, and therefore should be treated as such. Since October 2015, all agencies have subject to a mandatory reporting requirement in respect of FGM. If a member of staff discovers that an act of FGM appears to have been carried out on a girl aged under 18, that staff member has a statutory duty to report it to the police. When a staff member at Nova Children's Project CIC has reasons to suspect that an act of FGM has been carried out, s/he should discuss the situation with Project Manager (DSL) or, in their absence, the Deputy Project Manager (DDSL), who will consult children's social care before a decision is made as to whether the mandatory reporting duty applies.

## 10. Bullying

Nova Children's Project CIC recognises the very serious nature of bullying and the negative impact it can have on the lives of children and young people. Bullying is unwanted negative behaviour, verbal, psychological or physical conducted, by an individual or group against another person (or persons) and which is repeated over time.

The following types of bullying behaviour are included in the definition of bullying: deliberate exclusion, malicious gossip and other forms of relational bullying, cyberbullying and identity-based bullying, such as homophobic bullying, racist bullying, bullying based on a person's membership of the Traveller community and bullying of those with disabilities or special educational needs.

Nova Children's Project CIC is fully committed to the following key principles of best practice in preventing and tackling bullying behaviour:

- a positive culture and climate that is welcoming of difference and diversity and is based on inclusivity
- encourage young people to disclose and discuss incidents of bullying behaviour in a non-threatening environment
- promote respectful relationships across the company
- effective leadership
- a holistic approach
- a shared understanding of what bullying is and its impact
- implementation of prevention strategies (including awareness raising measures) that build empathy, respect and resilience in young people
- explicitly addressing issues of cyber-bullying and identity-based bullying
- consistent recording, investigation and follow up of bullying behaviour
- ongoing evaluation of the effectiveness of the anti-bullying policy.

Nova Children's Project CIC will support children and young people who are in conflict with one another in order to work through the issue together and come to a satisfactory conclusion. This may include supporting young people to have face-to-face conversations, writing down how events have made them feel and/or writing how events may have made others feel, 2:1 discussions with staff regarding behaviours that have offended and developing empathy/understanding of the impact of an individual's

actions on another person. We will inform parents of the events and how we have responded and record the incident on the young person's file to track whether this is a one off event or a recurring pattern of behaviour, which may require further intervention.

### 11. Social media

Children, young people and adults at risk supported by Nova Children's Project CIC have moderate, severe or profound learning disabilities. Whilst for some this will mean the use of social media is minimal, it is recognised that our service users are vulnerable. If an incident of cyberbullying or social media bullying is reported to Nova Children's Project CIC, then staff will implement the following:

- If appropriate, speak to the young person(s) involved and support them to resolve the issue together as laid out above
- Inform parents of the incident, as they be unaware, and explain to them how we have responded to their child
- Ask the young person or their parents to remove the offensive social media post
- Record the incident on the young person's file to track whether this is a one-off event or becoming a recurring pattern of behaviour

### 12. Gang activity

Young people who become involved in gangs are at risk of violent crime and, as a result of this involvement, are deemed vulnerable. Agencies and professionals have a responsibility to safeguard these young people and to prevent further harm both to the individual and other potential victims.

Risks associated with gang activity, which have been identified by HM Government, include:

- access to weapons (including firearms)
- retaliatory violence
- territorial violence with other gangs
- increased likelihood of involvement in knife crime
- sexual violence
- substance misuse

Kent Police advise that if you are concerned your child or someone you know is involved with a gang, to take the following steps:

- Talk to them about it
- Encourage them to get involved in positive activities and to think about their future
- Get involved in their school activities
- Get to know their friends and their friends' families
- Know where they are and who they are with
- Speak to them about the serious consequences of violent or illegal behaviour
- Be aware of what they are doing online
- Ask professionals involved in their lives (e.g. teachers) to watch their behaviour and who they associate with

- Contact local youth services who may be able to offer you support:  
<https://www.kent.police.uk/advice/gangs/>

Further organisations that may be able to support include:

[Crimestoppers](#) – free, confidential service where you can give information about crime anonymously. Call 0800 555 111.

[NSPCC](#) – information and advice to people involved in gangs as well as families and friends who are concerned. Freephone: 0808 800 5000

[Family Lives](#) – free advice on all aspects of parenting.

[Anti-Bullying Alliance](#) – advice on bullying.

[Victim Support](#) – a national charity helping people affected by crime.

[ChildLine](#) – a free, confidential helpline dedicated to children and young people. Call 0800 1111.

### 13. Missing child

Prior to attending Nova Children's Project CIC services, an individual risk assessment will be completed for each child, young person or adult at risk, which includes assessing the likelihood of a child absconding or going missing.

For additional activities that are outside of the centre, a general risk assessment on the nature of the activity will be completed to ensure that this risk is at a minimal and acceptable level.

Nova Children's Project CIC takes the risk of missing children very seriously and deliberately uses centre/schools/buildings that are secure. Risk assessments are completed for each building used for centre-based days, which minimises the risk.

If a child, young person or adult at risk goes missing, and after an initial search of ten minutes, still cannot be found, the Session Coordinator should:

- Notify the police
- Notify the Project Manager or, if not available, the Deputy Project Manager
- Notify parents/carers

In contacting the police, the following information should be provided:

- What is the specific concern regarding the circumstance, i.e. the individual has significant learning difficulties
- What actions has been taken to resolve the situation prior to contacting the police
- Is the missing person likely to be at a specific location, i.e. could they have attempted to go home

The Session Coordinator should ensure that once the individual has been found, parents, carers, and any other relevant agencies are notified immediately and that he/she is treated positively on their return.

All the above actions should be recorded by the staff member within 24 hours on the young person's record, under the category 'Safeguarding.' There should be a discussion with the DSL about whether the incident should be referred to social care.

It is the responsibility of the DSL to follow up with the staff member decisions regarding the service users risk assessment, so that risk can be managed adequately in the future.

#### 14. Failure to collect

If a parent/carer fails to collect a child/young person or informs staff that they are deliberately not going to collect, then the following actions will be implemented:

- Take the young person to the Sunrise Children's Centre (if not already located at this establishment), inform the Den staff (request to speak to or have the information forwarded on to the Registered Manager) of what is happening and the need for the use of the building
- Contact the Project Manager or, if not available, other Company Director to inform them of the situation. Then contact the child/young person's Social Worker or Child Protection Team (including Out of Hours) and inform them of the situation and ask for guidance
- The child/young person's safety is paramount during this time and it is imperative that they stay within the Sunrise Children's Centre
- The Project Manager or a Company Director should meet the child/young person at the Sunrise Children's Centre and remain with the child until the Child Protection Services have made contact. This may involve the Company Directors working alongside the Sunrise Children's Centre to implement an emergency placement
- Initial staff to complete a report and forward to the Project Manager, who will then pass onto the appropriate agencies

Nova Children's Project CIC will respond, report and safeguard the child/young person who has been affected by this issue and keep detailed reports, but will be led by the local authority's Child Protection Team.

#### 15. Safer recruitment

Nova Children's Project CIC is committed to safer recruitment practice. Safer recruitment practice includes:

- Reference to safeguarding is made in all job descriptions and in job advertisements
- Job application packs contain self-declaration forms with regard to suitability to work and declaration regarding the Rehabilitation of Offenders Act 1974
- Face-to-face interviews with pre-planned and clear questions to assess suitability of candidates to work with children, young people and adults at risk
- Employment references are taken up before a job offer is confirmed. Checks are made on the identity and suitability of referees
- Checks are made to confirm the identity of candidates who have been offered a post, as well as their entitlement to work in the UK
- Undertaking appropriate checks through the Disclosure and Barring Service. The DBS of existing staff are rechecked every three years.

## 16. Training and supervision of staff

It is the ultimate responsibility of the Company Directors to formally monitor and review safeguarding practice across the whole service. To ensure that all Nova Children's Project CIC staff are aware of their responsibilities around safeguarding, the following quality assurance procedures are set out:

- Every new member of staff is asked to read the policy and sign a Code of Conduct to declare they have when they start their role. They are required to read it each time it is updated. This is overseen by the Project Manager.
- Safeguarding principles and procedures are covered in our induction process. All staff complete accredited Safeguarding training at intervals of not more than two years.
- All staff attend regular group supervision (session debriefs), where safeguarding is an agenda item. Staff are accountable for highlighting where there are unresolved safeguarding concerns. One-to-one supervision is completed as per our Supervision and Appraisal Policy.
- Company Directors meet on a regular basis. A rolling agenda item is 'safeguarding practice' where practices are reviewed, and any lessons learnt are reviewed.
- The Project Manager oversees the monitoring of the staff safeguarding training and DBS certificates, and alerts staff when their training needs to be updated.

## 17. Allegations against staff

Allegations against adults working for, or on behalf of, Nova Children's Project CIC could be in relation to an individual having:

- Behaved in a way that has harmed a child, young person or adult at risk, or might lead to a child, young person or adult at risk being harmed
- Possibly committed to be planning to commit a criminal offence against a child, young person or adult at risk
- Behave towards a child, young person or adult at risk in a way that indicates s/he is, or would be, unsuitable to work with children, young people or adults at risk

This may include historical information about abuse an adult may have experienced as a child, whilst being supported by Nova Children's Project CIC's services.

The aims of these procedures are to ensure that:

- Children, young people, adults at risk and staff are protected and supported following an allegation that they may have been abused by an adult working for Nova Children's Project CIC.
- There is a fair, consistent and robust response to any safeguarding allegation made, including those that are historical.
- Nova Children's Project CIC continues to fulfil its responsibilities towards the member of staff who may be subject to such investigations.

If any member of staff has concerns about an adult working for Nova Children's Project CIC, then the following actions must be taken:

[Nova Children's Project CIC Safeguarding Children, Young People and Adults at Risk Policy and Procedure](#)

1. Inform the Project Manager or, if unavailable, another Company Director immediately. Where a staff member feels unable to raise an issue with the Company Directors, or feels that their genuine concerns are not being addressed, they are able to contact the NSPCC Whistleblowing Advice Line on 0800 028 0285.
2. The DSL who receives the safeguarding allegation information should, together with the person making the allegation, complete the 'Safeguarding Concern Form) to include:
  - Name of the individual who the allegation is about and any other identifying information, including location
  - Name of any child, young person or adult at risk involved
  - Date and time of the allegation arising
  - Name and contact details of the person making the allegation
  - Key information about the nature of the safeguarding allegation
3. If it is considered that a child, young person or adult at risk is subject to life threatening concerns or risk of immediate harm, or needs emergency medical attention, then the emergency services must be contacted straightway and the parent/carers of the child or adult at risk told that immediate steps are being taken to get help.
4. Beyond an immediate emergency, there may be up to four strands that the DSL and DDSL need to consider:
  - Enquiries and assessment by social care about whether a child or adult at risk needs protection and/or services
  - A police investigation if a criminal offence may have been committed
  - Consideration by an employer of disciplinary action in respect of the individual
  - Referral for 'consideration to bar' a person from working with children (ie referral to the Disclosure and Barring Service)

The DSL and DDSL are responsible for agreeing an initial plan of how to proceed with managing the allegation. They need to agree that the information before them is a safeguarding allegation. If, after the initial consideration, the DSL and DDSL do not consider the matter constitutes a safeguarding allegation, then they must decide if an internal investigation is required to determine if the behaviour/incident is related to poor practice or misconduct. The disciplinary process must then be followed if deemed appropriate. All decisions and the reasons for them, including there being no need to take safeguarding action, must be recorded and kept on the individual staff member's file.

If confirmed as a safeguarding allegation, the DSL must agree an initial plan within one working day of consulting with the DDSL. They should consider:

- **Step 1:** the immediate safety of any relevant child(ren) or adults involved.
- **Step 2:** what information to share with the individual who is the subject of the safeguarding allegation and with any other known employer of the individual, and when to do so.

- **Step 3:** whether any immediate decision has to be taken about the suspension of the individual subject to the allegation, pending further enquiries and/or investigation.
- **Step 4:** whether the criteria is met for a referral to the local authority and/or the police.
- **Step 5:** what further information may be required for clarification.
- **Step 6:** identifying who else is aware of the safeguarding allegation and who has been spoken to.
- **Step 7:** Whether any advice should be sought from the local authority or the NSPCC helpline.
- **Step 8:** Arrangements to support the person who is the subject of the safeguarding allegation, the person who raised the allegation and the alleged victim. In addition, there may need to be a plan around the management of information sharing including who needs to know what information can be shared, how to manage speculation, leaks and gossip, and what (if any) information can be reasonably shared to reduce speculation.

If it is agreed that the concern is a safeguarding allegation, then the DSL must make a referral within one working day to:

- The Local Authority Designated Officer (LADO) (normally for the LA where the child of concern lives) if the allegation is about behaviour towards a specific child or adult at risk.
- The LADO (or equivalent) where the staff lives if the allegation is about behaviour but with no identifiable victim.

At the conclusion of a case, Nova Children's Project CIC will notify all agencies involved of the outcomes as well as the service users' family. The DSL must provide, in writing, feedback to the person who has been subject to the investigation, clarifying the final outcome and any implications for their employment. This must be provided within five working days of the conclusion of the investigation.

In the case of an allegation against a staff member, Nova Children's Project CIC is committed to offering support to:

- The individual who made the allegation
- The individual who is the alleged victim
- The individual who is the alleged perpetrator (who will be supported by a named person, who is also investigating the allegation).

## 18. Information sharing when there are safeguarding concerns or allegations

This section is informed by the document 'Information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers' (2018) and 'Safeguarding adults, sharing information' (2018).

Information sharing is essential for effective safeguarding and promoting the welfare of children, young people and adults at risk. It is a key factor identified in many serious

case reviews where poor information sharing has resulted in missed opportunities to take actions that keeps vulnerable individuals safe.

The GDPR and Data Protection Act 2018 do not prevent, or limited the sharing of information for the purposes of keeping children, young people and adults at risk safe.

**The seven golden rules about information sharing are as follows:**

1. **GDPR, the Data Protection Act 2018 and human rights law** are not barriers to justified information sharing, but provide a framework to ensure that personal information is shared appropriately.
2. **Be open and honest with the individual (and/or their family where appropriate)** from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice from the Nova Children's Project CIC Data Protection Officer (the Project Manager)** if you are in any doubt about sharing the information concerned.
4. **Where possible, share information with consent**, and where possible respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018, you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. **Consider safety and wellbeing:** base your information sharing decisions on considerations of the safety and wellbeing of the individual and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, adequate, timely and secure:** ensure that the information you share is necessary for the purpose for which you are sharing it; is shared only with those individuals who need to have it; is accurate and up to-date; is shared in a timely fashion; and is shared securely.
7. **Keep a record of your decision and the reason for it** on the child, young person or adult at risk's record, whether it is to share information or not. If you decide to share, then record what you have shared on the individuals record under the category 'GDPR', with whom and for what purpose.

### 18.1 Consent in the case of child protection

It is best practice to get consent to share information where possible and as long as it will not increase the risk of harm to the child. In most instances, parents/carers and the child (depending on their age and needs) should be informed that a safeguarding referral to Children's Social Care is being made, unless to do so might put a child in further danger, or where it is suspected that the parent/carer may be directly harming the child or where it might put yourself at risk.

### 18.2 Consent in the case of adult protection



In cases of adult protection, the principles above in relation to children also apply to adults. The information sharing arrangements for those over 18 are governed by the Care Act 2014. This act stipulates that safeguarding duties apply to an adult who:

- Has care and support needs
- Is experiencing, or at risk of experiencing, abuse or neglect and
- As a result of those care and support needs, is unable to protect themselves

There is a set of national principles that reflect the approach to information sharing including consent, capacity and confidentiality, these are:

- **Empowerment:** supporting the adult to make their own decisions and give informed consent
- **Protection:** support and representation for those in greatest need
- **Prevention:** it is better to take action before harm occurs
- **Proportionality:** proportionate and least intrusive response appropriate to the risk presented
- **Partnership:** local solutions through services working with their communities
- **Accountability:** accountability and transparency in delivering safeguarding procedures

Where an adult who is capable of giving consent to information being passed on to a statutory safeguarding authority refuses to do so, we will consider whether their 'vital interests' are at stake under the terms of the Data Protection Act. In such situations, the Project Manager should carry out a GDPR risk assessment. A referral to the statutory services without consent is the likely outcome if the adult is at imminent risk of serious danger or another person is at imminent risk of danger.

The Mental Capacity Act 2005 provides a statutory framework to empower and protect people who may lack capacity to make decisions for themselves. The principles of the act state that an adult at risk has the right to make their own decisions and be assumed to have capacity unless it can be proved otherwise. They also must receive all the appropriate help and support to make decisions and have the right to make unwise decisions (in the opinion of others).

In addition, all choices are time and decision specific. This means that a person may be able to make certain decisions, but not others, at a point in time. Decision making ability may fluctuate over time. Therefore, Nova Children's Project CIC will also pass on information where it appears that the adult at risk may lack mental capacity to consent to this decision or may be being coerced to withhold consent. The local authority will then consider who can obtain a 'best interest' decision and how it can be made.

Any decisions made on behalf of an adult at risk should weigh up and balance both the Mental Health Act and the Human Rights Act, to protect their best interests whilst respecting their rights.

## 19. Distributing and reviewing policies and procedures

Nova Children's Project CIC will review their policies and procedures on as regular basis and will be signed off by the Company Directors.

[Nova Children's Project CIC Safeguarding Children, Young People and Adults at Risk Policy and Procedure](#)

Through annual feedback, Nova Children's Project CIC will involve parents/carers and young people in developing policies that affect them. Our policies and procedures are available to parents/carers upon request.

Nova Children's Project CIC staff will agree to adhere to the policies and procedures laid down by Nova Children's Project CIC in accordance with the Code of Conduct, which all new starters must sign prior to commencing work.

**Signed on behalf of Nova Children's Project CIC Company Directors**

Company Director and Project Manager:



Natalie Lower

Date: January 2024

Review date: January 2025